

to disappear anytime soon. The Organization for Economic Cooperation and Development (OECD) has been considering international standards for ecolabeling in its negotiations on the connection between trade and the environment. The issue will also be discussed at the Singapore meeting of the World Trade Organization in December, 1996.

#### CHILD LABOR AND OTHER HUMAN RIGHTS ISSUES

Can we apply our experience from ecolabeling to labor concerns?

One of the most emotional issues regarding goods—particularly textiles—manufactured in developing nations is the use of child labor. In a 1994 Department of Labor (DOL) report mandated by the Congressional Committees on Appropriations, DOL reported that between 100 million and 200 million children are in the workplace more than 95% of them in developing countries. The industries which employ children range from garments and carpets to small-scale mining and gem polishing. (source: Department of Labor, "By The Sweat And Toil Of Children: The Use of Child Labor in American Imports", July 15, 1994)

A recent survey by the International Labor Organization (ILO) found a positive correlation between child labor and factors such as poverty, illiteracy, rural under-development, urban slum conditions, and school non-attendance. About four-fifths of those children who worked did so seven days a week and, in many instances, girls worked longer hours than boys. (source: Child Labor Surveys: Results of methodological experiments in four countries, 1992-1993, International Labor Office, 1996, ISBN 92-2-110106-1)

The ILO estimates that at least half of all child workers are found in South and Southeast Asia. Asia probably boasts the highest percentage of children working in industries which export to the United States. Working conditions range from "crowded garment factories, where the doors are locked and the children work for 14 hours, to small dusty earthen huts which can seat four children to a loom, knotting carpets in a pit for hours on end." (source: Department of Labor report, previously cited)

A recent article in *Life* magazine on the manufacture of Nike soccer balls in Pakistan told of "children as young as six bought from their parents for as little as \$15, sold and resold like furniture, branded, beaten, blinded as punishment for wanting to go home, rendered speechless by the trauma of their enslavement . . . Children are sought after, and bonded, and sometimes taken in outright slavery, because they do not cost as much." (source: *Life*, "Six Cents An Hour", June, 1996) Nike, as well as Reebok, have since announced that their soccer balls from Pakistan will soon be made in stitching centers where the labor can be closely monitored, as opposed to the current system that relies on children in small villages scattered throughout the country. Nike and Reebok hope that these stitching centers will eliminate child labor from their portion of the soccer ball industry. Nike and Reebok, however, are currently very small players in the manufacture of soccer balls, when compared with Adidas, Mikasa and other companies that have made no announcement on child labor.

Of equal concern are documented stories of so-called "sweatshop" labor, in which workers, frequently women, are locked into unsafe workplaces, and forced to work long hours for minimal wages. Last summer, U.S. papers carried front-page stories of a raid on an El Monte, California, sweatshop where most of the workers at the shop were recent female immigrants from Thailand who had been virtually enslaved by the manufacturer. Workers were forced to live in a compound encircled by razor wire, threatened with

rape, and required to work 20-hour days for as little as \$1 an hour. (source: People, "Labor Pains", June 10, 1996)

Early experience with labor-related labeling indicates that it can work.

One label gaining in popularity and market share in Europe and recently introduced in the U.S. is the "Rugmark" label awarded to some hand-knotted rugs made in Nepal and India without the use of child labor. Nearly 900,000 children under the age of 14—including children as young as 4—are working in the carpet industry in Pakistan; 200,000 in Nepal; and 300,000 in India. Children are frequently bonded to a looming operation to pay off the debts of their parents. The U.S. is the world's second-largest market for hand-knotted Oriental carpets, with imports of over \$150 million annually from India alone, and has the potential to have a major impact on the manner in which these carpets are made.

#### CONCLUSION

Consumers and advertisers alike are obsessed with determining and declaring that a particular product is safe for children. But our economy fails to tell consumers whether products are safe for the children who made them. Parents have a right to know that the clothes and toys they buy for their children were not made by other exploited and abused children. Unfortunately, they have no way of knowing that in today's marketplace.

Voluntary labeling programs may continue to hold the key. These programs have not been easy to establish or to enforce. Nor will a "one size fits all" approach be practical—it is likely that different modes of labeling regimes will work best in different economic sectors. But our experiences with ecolabeling programs and the Rugmark label prove that voluntary labels are effective, and popular with consumers. If voluntary, they are consistent with our international trade obligations. Corporations who maintain that they have a reliable, enforceable code of conduct should be willing to translate that code into a reliable, enforceable label that informs consumers of the impacts of their purchases.

We must take responsibility for our purchasing and marketing decisions. The price of a product and the rate of profit cannot be allowed to overwhelm the moral obligation to protect children and to respect the rights of other workers. We have the means to inject this level of respect into the marketplace if we exert our will to do so. Through responsible consumer education our values of protection for the environment, for children and for workers can be reflected in the way we make our goods.

#### THE FAIR HAVEN COMMUNITY HEALTH CENTER

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Ms. DELAURO. Mr. Speaker, on Friday, September 20, 1996 the Fair Haven Community Health Center will hold an Open House to dedicate its new building and to celebrate 25 years of service to the Fair Haven area.

The Fair Haven Community Health Center has been a fixture on Grand Avenue for the past 25 years. During that time, it has been a part of the community people could always rely upon. The Center has undergone considerable change through the years. When it opened for two nights a week in 1971, it was housed in Columbus School with a storefront

office and had a staff of five, including two VISTA volunteers. That year the Center was visited 500 times. By 1982, the Center had begun a prenatal and midwifery program and purchased, renovated, and added on the property at 374 Grand Avenue. The Center also opened the "Body Shop," a school based clinic, at Wilbur Cross High School.

Today, the Fair Haven Center has purchased, renovated and connected property at 362 Grand Avenue. The complete facility now has 24 exam rooms, a new laboratory, waiting area, health education and social service rooms. The Center has a staff of 80 including 10 physicians, 8 nurse practitioners, and 6 nurse midwives. The facilities include three buildings and three satellite clinics which received a total of 48,000 visits this past year. These new renovations and additions mean that the Center can continue to do what it does best, caring for people.

Throughout its history, the Fair Haven Community Health Center has remained committed to the ideal of providing health care for all those who need it, regardless of their ability to pay. While medicine today is increasingly cost-conscious, Fair Haven practices medicine which puts the patient's well-being first. By combining preventive care and education with a range of services from prenatal care to geriatric medicine, the Center ensures that all its patient's needs are met. This holistic, integrated approach is what defines the Center and makes it so valuable to New Haven. Center Director, Katrina Clark said, "We have always felt that we were part of the community, and I think that is why we've been so successful in meeting the health care needs of the people we serve. At a time when many people are alienated and rejected by the health care system, Fair Haven stands as a beacon of caring for our patients and providing excellent service."

I am proud to rise today to congratulate the Fair Haven Community Health Center. The newly renovated facilities will enable the Center to provide even better health services and preventive care to the people of Fair Haven.

#### BIPARTISANSHIP IS THE KEY TO ETHICS REFORM

HON. JOHN JOSEPH MOAKLEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. MOAKLEY. Mr. Speaker, last week my dear friend Representative PORTER GOSS who serves on the Ethics Committee as well as the Rules Committee took out a special order to urge changes in the ethics process—September 12, 1996.

He proposed that changes in the ethics process should take effect in the next Congress and that the Rules Committee is the proper venue for ethics reform.

I must take strong exception to the claim that the Rules Committee is the right place to consider reforms of the ethics process. Given the primary job of the Rules Committee—reporting special rules for the consideration of legislation—the committee is properly a partisan committee with a 9 to 4 ratio. The Rules Committee is an arm of the majority leadership and so it is appropriate that all the Republican members of the committee—including